PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of _Gila_

District of _____

Town of _____

or

City of _Globe_

State Index No. _175_

County Registrar No. _20_

Local Registrar No. _9_

No. _____ St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Waldo Romney Richardson_

{ If child is not yet named, make
{ supplemental report, as directed.

| 3. Sex of Child _Male_ | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _twin_ | 6. Legitimate? _Yes_ | 7. Date of birth _Jan. 10 1925_ |
| | | 5. No., in order of birth _2nd_ | | Month day year |

8. FATHER

Full name _Edmund Arthur Richardson_

9. Residence (Usual place of abode)
If nonresident, give place and state _Globe, Ariz._

10. Color or race _White_

11. Age at last birthday _39_ (Years)

12. Birthplace (city or place) _Colonia Diaz_
(State or country) _Chihuahua, Mexico_

13. Occupation
Nature of industry _Laborer_

14. MOTHER

Full maiden name _Lois Romney_

15. Residence (Usual place of abode)
If nonresident, give place and state _Globe, Ariz._

16. Color or race _White_

17. Age at last birthday _34_ (Years)

18. Birthplace (city or place) _Chihuahua_
(State or country) _Mexico_

19. Occupation
Nature of industry _Housewife_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _6_
	(b) Born alive but now dead _0_
	(c) Stillborn _0_

21. Were precautions taken against ophthalmia neonatorum? _Yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _12:05_ P.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature _Geo. E. Davis_

Address _Globe, Arizona_

Given name added from a supplemental report _____
Month, day, year.

_____ Registrar.

Filed _2/6_ , 1925 _G. E. Wighton_ Local Registrar.

Filed _2/6_ , 1925 _G. E. Wighton_ County Registrar.

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